

AO 240 (Rev. 10/03)  
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

ANTHONY A. COOPER JR.

Plaintiff,

v.

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

WARDEN ; BETTY BURRIS

Defendant(s)

CASE NUMBER: No. 06-396

I, Anthony A. Cooper Jr. declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant☐ Other

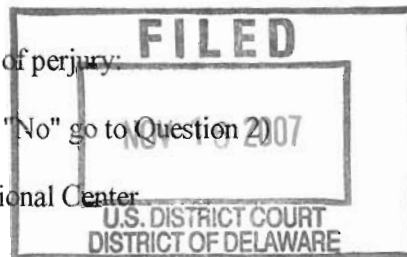
in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional Center

Inmate Identification Number (Required): 00275064



Are you employed at the institution? No Do you receive any payment from the institution? No

Attach a ledger sheet form the institution of your incarceration showing. at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/A

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A

3. In the past 12 twelve months have you received any money from any of the following sources?

- |    |  |   |  |
|----|--|---|--|
| a. | Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. | Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. | Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. | Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. | Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. | Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. \$10.00 per month from family. Always unexpected source.

4. Do you have any cash or checking or saving accounts? ☐ Yes ☒ No
- If "Yes" state the total amount \$N/A
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No
- If "Yes" describe the property and state its value.  
N/A.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.  
NONE.

I declare under penalty of perjury that the above information is true and correct.

Nov 14, 2007  
DATE

Anthony Cooper  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.**

**DELAWARE CORRECTIONAL CENTER**  
**SUPPORT SERVICES OFFICE**  
**MEMORANDUM**

TO: Anthony Cooper SBI#: 275064  
 FROM: Mercedes VALLIN  
 RE: 6 Months Account Statement  
 DATE: 10/30/07

Attached are copies of your inmate account statement for the months of  
April 2007 to September 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Apr</u>	<u>11.47</u>
<u>May</u>	<u>12.37</u>
<u>Jun</u>	<u>8.04</u>
<u>Jul</u>	<u>4.24</u>
<u>Aug</u>	<u>8.68</u>
<u>Sept</u>	<u>5.97</u>
Average daily balances/6 months: <u>8.46</u>	

Attachments  
 CC: File

Mercedes Vallin  
10/30/07

Janette L. Shaw  
10/30/07

# Individual Statement From April 2007 to September 2007

Date Printed: 10/30/2007

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SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	Pay To	Source Name
00275064	Cooper	Anthony			\$3.74	DELTA 2/24-3/23/07	O COOPER
Current Location: W1					Ending Month Balance:	\$0.02	
Comments:							

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Wage-1099	4/2/2007	\$9.60	\$0.00	\$0.00	\$13.34	408038			
Canteen	4/11/2007	(\$11.41)	\$0.00	\$0.00	\$1.93	412722			
Mail	4/16/2007	\$10.00	\$0.00	\$0.00	\$11.93	415218	08703891987		O COOPER
Canteen	4/18/2007	(\$1.90)	\$0.00	\$0.00	\$10.03	416370			
Canteen	4/24/2007	(\$9.82)	\$0.00	\$0.00	\$0.21	419522			
Mail	4/26/2007	\$25.00	\$0.00	\$0.00	\$25.21	420139	48299604573		C JENKINS
Wage-1099	5/1/2007	\$9.60	\$0.00	\$0.00	\$34.81	422168		D BLDG 18 3/24-4/23/	
Canteen	5/2/2007	(\$15.35)	\$0.00	\$0.00	\$19.46	423061			
Canteen	5/8/2007	(\$12.33)	\$0.00	\$0.00	\$7.13	425883			
Mail	5/9/2007	\$10.00	\$0.00	\$0.00	\$17.13	426536	200055745593		O ARCHER
Canteen	5/16/2007	(\$10.89)	\$0.00	\$0.00	\$6.24	429043			
Canteen	5/23/2007	(\$6.11)	\$0.00	\$0.00	\$0.13	431513			
Mail	5/29/2007	\$20.00	\$0.00	\$0.00	\$20.13	433541	08657058618	DELTA 4/24-5/23/07	C JENKINS
Wage-1099	6/1/2007	\$9.60	\$0.00	\$0.00	\$29.73	435515			
Canteen	6/5/2007	(\$25.54)	\$0.00	\$0.00	\$4.19	439323			
Pay-To	6/8/2007	(\$1.50)	\$0.00	\$0.00	\$2.69	440737		NAACP	O ARCHER
Mail	6/12/2007	\$10.00	\$0.00	\$0.00	\$12.69	441776	200055740214		
Canteen	6/13/2007	(\$2.41)	\$0.00	\$0.00	\$10.28	442303			
Canteen	6/20/2007	(\$8.97)	\$0.00	\$0.00	\$1.31	445493			
Wage-1099	7/2/2007	\$9.60	\$0.00	\$0.00	\$10.91	449968		DELTA 5/24-6/23/07	
Canteen	7/5/2007	(\$10.47)	\$0.00	\$0.00	\$0.44	451814			
Mail	7/16/2007	\$10.00	\$0.00	\$0.00	\$10.44	456643	20028959544		O COOPER
Supplies-MailPosta	7/16/2007	\$0.00	\$0.00	(\$0.41)	\$10.44	456828		6/19/07	
Supplies-MailPosta	7/19/2007	(\$0.41)	\$0.00	\$0.00	\$10.03	459774		6/19/07	
Canteen	7/25/2007	(\$9.88)	\$0.00	\$0.00	\$0.15	461468			
Wage-1099	8/1/2007	\$9.60	\$0.00	\$0.00	\$9.75	463123		DELTA 6/24-7/23/07	
Canteen	8/1/2007	(\$9.55)	\$0.00	\$0.00	\$0.20	465010			
Mail	8/17/2007	\$10.00	\$0.00	\$0.00	\$10.20	473076	20033289415		O ARCHER
Canteen	8/23/2007	(\$9.67)	\$0.00	\$0.00	\$0.53	475903			
Mail	8/23/2007	\$25.00	\$0.00	\$0.00	\$25.53	476162	08724288009		S NOWELL
Mail	8/27/2007	\$10.00	\$0.00	\$0.00	\$35.53	477851	11474728413		M LOVE

# Individual Statement From April 2007 to September 2007

Date Printed: 10/30/2007

Page 2 of 2

SBI 00275064	Last Name Cooper	First Name Anthony	MI Suffix	Beginning Month Balance: Ending Month Balance:	\$3.74 \$0.02
Current Location:	W1	Comments:			

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	8/29/2007	(\$25.08)	\$0.00	\$0.00	\$10.45	478800			
Wage-1099	9/4/2007	\$9.60	\$0.00	\$0.00	\$20.05	479996		d/w 7/24-8/23/07	
Canteen	9/5/2007	(\$11.42)	\$0.00	\$0.00	\$8.63	482264			
Medical	9/7/2007	\$0.00	(\$4.00)	\$0.00	\$8.63	483578		8/31/07	
Medical	9/7/2007	(\$4.00)	\$0.00	\$0.00	\$4.63	483756		8/31/07	
Canteen	9/12/2007	(\$4.14)	\$0.00	\$0.00	\$0.49	485492			
Mail	9/19/2007	\$10.00	\$0.00	\$0.00	\$10.49	488279	200341676458		A ARCHIE
Canteen	9/27/2007	(\$10.47)	\$0.00	\$0.00	\$0.02	491370			
					Ending Month Balance:				
					\$0.02				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00

**Certificate of Service**

I, Anthony A. Cooper Jr. hereby certify that I have served a true and correct copy(ies) of the attached Notice of Appeal & Application to proceed without prepayment of Fees and Affidavit upon the following parties/persons:

To: ATTORNEY General J.R. BIDEN

DEPARTMENT OF JUSTICE

820 N. FRENCH STREET

WILIMINGTON, DELAWARE 19801

To:

To:

To:

To:

To:

BY PLACING IN A SEALED ENVELOPE, and depositing same in the United States Mail at the Delaware Correction Center, Smyrna, DE 19977.

On this 14 day of November, 2007

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Anthony A. Cooper Jr.

SBI # 00275064

1/M. Mr. Anthony A. Cooper Jr

SBI# 00275064 UNIT W-1

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977

U.S.M.S.  
X-RAY

Office of the Clerk

United States District Court

844 N. King Street, Lockbox 18

Wilmington, Delaware

19801 - 3570



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